

MISSOURI DEPARTMENT OF SOCIAL SERVICES  
**SAMII PAYMENT REQUEST FORM**

**Mail to:**

DFAS Accounts Payable (A/P)  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**DFAS USE ONLY**

EFT \_\_\_\_\_ PAPER \_\_\_\_\_ VENDOR#:

**\*THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$239,459.16

CONTRACT, ER, OR PG NUMBER (if applicable)	CS170042001/
--	--------------

CODING INFORMATION:	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
<b>DESCRIPTION OF CODING OR FUNDING SOURCE</b> (Indicate the exact words from coding sheet): ALTERNATIVES TO ABORTION TANF 100% 0199    886    3155    2960    1536    Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE
April 2018 Payment

**DFAS USE ONLY - DO NOT WRITE/MARK BELOW**

<b>ENCUMBER:</b>	<b>DATE:</b>
<b>PURCHASING:</b>	
PO#	COMM LINE:    INIT/DATE:
<b>ACCOUNTS PAYABLE</b>	
DATA ENTRY:	APPROVAL:

Alternatives to Abortion Invoice

**"ORIGINAL"**  
Only Invoice Available

Contract # CS170042001

Vendor Name: Alliance for Life - Missouri Inc

Vendor Number: [REDACTED]

Vendor Address: P.O. Box 65

Greenwood, MO 64034

Bill To: Missouri Department of Social Services  
Division of Finance & Administrative Services  
221 W. High St., Room 310  
P.O. Box 1082  
Jefferson City, MO 65102-1082

Invoice Number: 2018-11

Invoice Date: 1-Apr-18

Service Period: April 1 - April 30, 2018

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 2,150,338.14	\$ 1,542,760.46	\$ 179,194.85
Quarterly expenditure adjustment:		\$ 60,264.31
Total Due:		\$ 239,459.16
Allocation Remaining		\$ 368,118.53

Approved  
4/13/18  
Jy E. Bence

Signature: Marsha J Middleton